10670

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Highway, 1/4 mile south Elvaton Rd.-Pasadena

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural, give location) Box 43-P.O.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) ISAAC (Last) GILBERT ALLEN

4. DATE OF DEATH (Month) (Day) (Year) November 30 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Feb. 17, 1899	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer - Can Co.
10b. KIND OF BUSINESS OR INDUSTRY: Lord Mott Co.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Allen
14. MOTHER'S MAIDEN NAME: Sarah Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-01-5146
17. INFORMANT & ADDRESS: Mrs. Elizabeth McDonald, Pasadena, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 812X — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured cervical vertebrae

~~DUE TO~~

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Compound comminuted fractures of both tibia & fibula

DUE TO

(c) Multiple scalp avulsions & skin abrasions

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ ~~CAUSE OF~~ DEATH.
21b. PLACE (Home, farm, factory, OF street, office, bldg., etc., INJURY road
21c. (City or town) (County) (State) Ritchie Highway-Pasadena, A.A.County, Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11/30/53 10:50 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Joseph A. Jachimczyk 720 Fleet St. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 12/1/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/4/53	Lorraine Park Cemetery	Woodlawn, Maryland

DATE REC'D BY LOCAL REG. 12-2-53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS 1217 St. Paul Street

VS-15A-5-53

Film#G160 Item# 9 1/7/54 emp

10671
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 5A - 5 - 53

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crownsville
LENGTH OF STAY (in this place) 3yrs. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural, give location) 510 N. Aisquith Street

3. NAME OF DECEASED: (First) Raymond (Middle) (Last) Anderson
4. DATE OF DEATH (Month) 11 (Day) 30 (Year) 19 53

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/25/93
9. AGE last birthday: 60 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Gardener
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel Anderson
14. MOTHER'S MAIDEN NAME: Josephine Eatn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk.
(If Yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO.: - - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491 X

Immediate cause (a) Broncho-pneumonia — Interval between onset and death: Approx. 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE C. Linthicum M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12/3/53.

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 12/9/53
NAME OF CEMETERY OR CREMATORY: Crownsville State Hospital
LOCATION (City, town, or county) (State): Crownsville, Md.

DATE REC'D BY LOCAL REG. 12-10-53
REGISTRAR'S SIGNATURE K M Joe
24. FUNERAL DIRECTOR ADDRESS: Arnold L. Eichert, Jr. Crownsville, Md.

RECEIVED
DEC 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10672

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

21

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P. O. Pasadena
LENGTH OF STAY (In this place): 7 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bar Harbor

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P. O. Pasadena
STREET ADDRESS (If rural, give location): Bar Harbor

3. NAME OF DECEASED (Type or Print): (First) BARRY (Middle) DEAN (Last) ANGELL

4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/7/53

9. AGE last birthday: yrs. | If under 1 year: Months 1 | Days 18 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas L. Angell

14. MOTHER'S MAIDEN NAME: Grace Elaine Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: (mother) Mrs. T. L. Angell, Bar Harbor, Pasadena

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

525 X

Immediate cause (a) INTERSTITIAL PNEUMONIA

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* PARTIAL *Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): Joseph A. Jarkinczyk M.D.
ADDRESS: 700 East St. Baltimore 2, Md.
DATE SIGNED: 11-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 27 1953
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 11-27-53
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: T. V. Singleton
ADDRESS: Glen Burnie, Md.

2003374406

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10673

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10
STREET ADDRESS (If rural give location) 153 West St

3. NAME OF DECEASED: (Type or Print) (First) ~~Archer~~ (Middle) Michael (Last) Louis Archer
4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 6, 53
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months 8 Days 12 IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Annapolis
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Whitman J. Archer
14. MOTHER'S MAIDEN NAME: Mary A. Parkinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: W. J. Archer - 153 West St Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.2

Immediate cause (a) BACTERIAL ENDOCARDITIS — Interval Between Onset And Death: 3.5 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Congenital Heart Disease - Interventricular — Birth

DUE TO (c) Septal Defect -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to 18 Nov, 1953, that I last saw the deceased alive on 18 Nov, 1953, and that death occurred at 6 hr PM, from the causes and on the date stated above.

SIGNATURE Philip Dresick (Degree or title) MD ADDRESS 95 Cathedral St DATE SIGNED 19 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-20-53
NAME OF CEMETERY OR CREMATORY Hillcrest Cemet
LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 20, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B. L. Hopping and Son ADDRESS Annapolis, Md.

2033295402

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10674

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio — COUNTY Cuyahoga
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairview Park
STREET ADDRESS (If rural give location) 3901 West 224th Street

3. NAME OF DECEASED: (Type or Print) (First) Terry (Middle) Alan (Last) Bade

4. DATE OF DEATH: (Month) November (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 13 November 1953

9. AGE last birthday: yrs. 4
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Leonard Eugene Bade

14. MOTHER'S MAIDEN NAME: Shirley Edna Siburt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Mother
3901 W. 224th St, Fairview Pk., Ohio

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

762.5

Immediate cause (a) Septicemia with bronchopneumonia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Atelactasis

DUE TO (c) Prematurity

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Nov., 19 53, to 17 Nov., 19 53, that I last saw the deceased alive on 17 Nov., 19 53, and that death occurred at 2:24 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert Moore — 1st Lt., MC — Fort G. G. Meade, Md. — 17 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Unk.
NAME OF CEMETERY OR CREMATORY: Lakewood Park
LOCATION (City, town, or county) (State): Cuyahoga, Ohio

DATE REC'D BY LOCAL REGISTRAR: 17 November 1953
REGISTRAR'S SIGNATURE: T. A. GORDON, CWO, USA

24. FUNERAL DIRECTOR: Wm. Cook Inc.
ADDRESS: Baltimore, Md.

VS. A15

20X3202361

RECEIVED
NOV 28 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH (Month) Nov. (Day) 23 (Year) 1953
5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY No. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

.56.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — 2 [illegible]

(c) [illegible]

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1953, to Nov 23, 1953, that I last saw the deceased alive on Nov 22, 1953, and that death occurred at 11 [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED [illegible] 27 [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Nov 25, 1953 NAME OF CEMETERY OR CREMATORY Elkridge Cemetery LOCATION (City, town, or county) Elkridge (State) Md

DATE REC'D BY LOCAL REG. November 25, 1953 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR Thomas W. Singleton ADDRESS Glen Burnie Md

R...
107
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10078

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1 PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gambrills Post Office

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville
STREET ADDRESS (If rural give location) Gambrills Post Office

3. NAME OF DECEASED: (Type or Print) (First) EMILIE (Middle) (Last) BECK

4. DATE OF DEATH: (Month) NOVEMBER (Day) 22 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: August 20, 1860
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): Glogan Hungry
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony Ruashan
14. MOTHER'S MAIDEN NAME: Minna Rainer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --- (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr Martin C. Beck St. Mary's County, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis generalized
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 53, to Nov. 22, 19 53 that I last saw the deceased alive on Nov. 22, 19 53, and that death occurred at 4:05 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Emily H. Wilson M.D.
ADDRESS Lothian, Md.
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-25-53
NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
LOCATION (City, town, or county) (State) Annapolis, Md.
DATE REC'D BY LOCAL REGISTRAR Nov. 25, 1953
REGISTRAR'S SIGNATURE Carrie J. Smith Rec'd 11-27
24. FUNERAL DIRECTOR Ben L. Hopping and Son
ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10077

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY AA MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linthicum Hghts
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 428 W. Forest View Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tex. COUNTY AA.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linthicum Hghts.
STREET ADDRESS (If rural give location) 428 W. Forest View Rd.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Emma C. Bertsch
4. DATE OF DEATH: (Month) (Day) (Year) 11-2-1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 8.15.04
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Totee
14. MOTHER'S MAIDEN NAME: Pearl Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

142.1

Immediate cause (a) Metastatic Ca of L. Parotid Gland — Interval Between Onset And Death: 6 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension & Arteriosclerosis — 10 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obese

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1943, to 11/2/53, 19 ..., that I last saw the deceased alive on 11/4, 1953, and that death occurred at 5 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. L. Ball Jr.
ADDRESS Linthicum
DATE SIGNED 11/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) B
DATE THEREOF 11-5-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REGISTRAR 11/4/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR James L. Emily
ADDRESS 130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 116

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deep Creek Arnold P.O.
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deep Creek
STREET ADDRESS (If rural give location) Arnold P. O.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Horace Stanley Owens Bird

4. DATE OF DEATH: (Month) (Day) (Year) November 22 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July-9-1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Plummer
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horace S. Bird
14. MOTHER'S MAIDEN NAME: Agnes ? ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Navy 1902-1906
16. SOCIAL SECURITY No.: 215-03-6178
17. INFORMANT & ADDRESS: Florence Culp Bird (widow) Deep Creek, A. A. Co

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Cancer of Bladder — Interval Between Onset And Death: 6 mos +

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1953
19b. MAJOR FINDINGS OF OPERATION: Cystoscopy at U. of Md. = Inoperable CA
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 1953, to 11/22, 1953, that I last saw the deceased alive on 11/19, 1953, and that death occurred at 6 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice Klawans, MD
ADDRESS Annapolis, Md
DATE SIGNED 11/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov-24-1953
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL [redacted] 11-23-53
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Stewart & Mowen Co., 108 W. North Avenue Baltimore #1, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 5

Film#G159 Item# 12 12/1/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 20379

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: Anne Arundel General
COUNTY Anne Arundel Co. MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 99 Main St

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) (Last) Bloom

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 3-3-1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired
10b. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Lith
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Dr Samuel Bloom

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage unit — Interval Between Onset And Death: 2 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rt hemiplegia — Small Bowel

DUE TO

(c) Arteriosclerosis General Gen

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4, 1953, to Nov 19, 1953, that I last saw the deceased alive on Nov 19, 1953, and that death occurred at 11 AM from the causes and on the date stated above.

SIGNATURE George C Bond (Degree or title) Md
ADDRESS Annapolis Md
DATE SIGNED 11-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-20-53
NAME OF CEMETERY OR CREMATORY: Herring Run
LOCATION (City, town or county): Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR: 11/20/53
REGISTRAR'S SIGNATURE: HW Hedrick
24. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0380

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 1 yr. 6 mos. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 612 Carrollton Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Brooks
4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Unknown
9. AGE last birthday: Approx. 60-70 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Mason
14. MOTHER'S MAIDEN NAME: Unkhown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - - -
16. SOCIAL SECURITY No.: - - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) Bronchogenic C A — Interval Between Onset And Death: Approx. 1 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Known to us since 5/8/52

19a. DATE OF OPERATION: - - - - - - -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - (CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 2/1, 1953, to 11/22, 1953, that I last saw the deceased alive on 11/22, 1953, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold K. Eichert M.D. — ADDRESS Crownsville, Md. — DATE SIGNED 11/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/27/1953 — NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. — LOCATION (City, town, or county) Cedar Hill Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11-24-53 — REGISTRAR'S SIGNATURE A W Hedrick — 24. FUNERAL DIRECTOR Mrs Patrick R Williams — ADDRESS 222 N. Schroeder St

JST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 27 13081

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
LENGTH OF STAY (in this place): 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Ohio — COUNTY: Cuyahoga
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cleveland
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Glyenn (Middle) Edward (Last) Brown

4. DATE OF DEATH: (Month) November (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7 November 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 7, Min 54

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Walter Brown

14. MOTHER'S MAIDEN NAME: Anne Ledbetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Mother
Mrs. Annie Brown; Bldg T 245C; FGGM, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

7767
Immediate cause (a) Premature birth DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Nov., 1953, to 7 Nov., 1953, that I last saw the deceased alive on 7 Nov., 1953, and that death occurred at 0800, from the causes and on the date stated above.

SIGNATURE: Frederick L. Eadie — (Degree or title) MD — ADDRESS: Ft. Geo. G. Meade, Md. — DATE SIGNED: 7 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9 Nov 53 — NAME OF CEMETERY OR CREMATORY: Ft. Geo. G. Meade — LOCATION (City, town, or county): Anne Arundel — (State): Maryland

DATE REC'D BY LOCAL REGISTRAR: 7 Nov 53 — REGISTRAR'S SIGNATURE: T. A. GORDON CWO USA

24. FUNERAL DIRECTOR: WILLIS W. WESSMAN — ADDRESS: FT. GEO G MEADE, MD

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RECEIVED
NOV 10 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Pasadena
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS MOUNT-AVE. - MT-PLEASANT-BEACH.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 3200-Kiswick-ROAD. ✓

3. NAME OF DECEASED (Type or Print) (First) Ira (Middle) John (Last) Brown
4. DATE OF DEATH (Month) Nov. (Day) 22 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed.
8. DATE OF BIRTH 9/8/79
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer.
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Sullivan County, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Sylvester Brown
14. MOTHER'S MAIDEN NAME ? Not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 205-12-6355
17. INFORMANT AND ADDRESS Mr. Hm. Brown (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976X Immediate cause (a) Cerebral hemorrhage - caused by self

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) inflicted wound with a rifle caliber - 22 Sudden.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Yard - behind house
(CITY OR TOWN) Mt. Pleasant Beach - P.O. Pasadena, (COUNTY) G.A. (STATE) Md.
TIME OF INJURY (Month) Nov. (Day) 22 (Year) 1953 (Hour) 10 Am.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted wound - with rifle - caliber 22

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE Gustave H. Pauker Md. (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie Md. DATE SIGNED 11/22/53

DISPOSITION (Specify) Burial DATE THEREOF 11-27-53 NAME OF CEMETERY OR CREMATORY Woodfall Bradford Co. Pa. LOCATION (City, town, or county) Cemetery (State)

DATE RECORDED BY LOCAL REGISTRAR Nov. 23, 1953. REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR Bernard A. Fink Glen Burnie Md. ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10383

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville; LENGTH OF STAY (in this place) 2 yrs. 4 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Alex (Middle) (Last) Brummel

4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1877?

9. AGE last birthday: 76? yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial Damage — 1 year

DUE TO

(c)

422.2

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General and Cerebral arteriosclerosis Known to us since 7/5/51

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1 ....,19 53, to 11/9 ....., 19 53, that I last saw the deceased alive on 11/9, 19 53, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D. ADDRESS Crownsville, Md. DATE SIGNED 11/ /53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 11/25/53 NAME OF CEMETERY OR CREMATORY University Med School LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov 25, 1953. REGISTRAR'S SIGNATURE R M Joyce

24. FUNERAL DIRECTOR Frances A Hemsley ADDRESS 578 N Bridge St

L. J. De Libra

VS. AM6

NOV 03 1903
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16084

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Davidsonville
STREET ADDRESS (If rural give location) Davidsonville Post Office

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) GLADYS T BUCK
4. DATE OF DEATH: (Month) (Day) (Year) 11-3-1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 27, 1902
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: OWN home
11. BIRTHPLACE (State or foreign country): Greenwood, Mass
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Percival Trefry
14. MOTHER'S MAIDEN NAME: LULU Cunningham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mr George F. Buck Husband Same as # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 171X (a) Hemorrhage — Interval Between Onset And Death 45 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Extensive Carcinoma Cervix. 3 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. deep x-Ray therapy.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to Nov, 1953, that I last saw the deceased alive on 11/3, 1953 and that death occurred at 10:45 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Bm. Christiel J. MD. — ADDRESS 69 Franklin — DATE SIGNED 11/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-6-53
NAME OF CEMETERY OR CREMATORY All Hallows Cemetery
LOCATION (City, town, or county) (State) Davidsonville, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 5, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ben L. Hopping and Son
ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
NOV 6 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10685

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis,

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 923 Jackson St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY AA

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis

STREET ADDRESS (If rural give location) 923 Jackson St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
THEODORE	C	BURGESS	NOVEMBER	14	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	May 3, 1883	70 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Painter	House Painting	Mayo, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	214-05-1327 A	Mrs. Mary E. Burgess Wife same a/s # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of S Stomach — Interval Between Onset And Death: 6 mos +

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10/6/53	Infiltrating CA of S Stomach with Mesenteric Metastases	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/15, 1953, to 11/14, 1953, that I last saw the deceased alive on 11/14, 1953, and that death occurred at 6.45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ramiel K Evans DOE	Annapolis Md	11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-27-53	Cedar Bluff Cemetery	Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 16, 1953	W. D. French	Ben L. Hopping and Son	Annapolis, Md.

VS. A15

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NOV 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

86

1. PLACE OF DEATH: COUNTY: A A Co Severn MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Summerset Gps A A Co Md COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Glen Burnie Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Snowden (Last) Butler
4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 8-1878
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Prince George Co Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Edward S. Butler
14. MOTHER'S MAIDEN NAME: Gergie A Crandell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mary E Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac Failure	2 hours
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION: /
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): /
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): /
(CITY OR TOWN) (COUNTY) (STATE): /
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: /
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? /

22. I hereby certify that I attended the deceased from July 1-52, 19..., to Nov 24, 1953, that I last saw the deceased alive on Nov 22-53, 19..., and that death occurred at 12 30 P. m., from the causes and on the date stated above.

SIGNATURE: Joseph Lissker M.D. (Degree or title) ADDRESS: Odenton Md DATE SIGNED: Nov 25-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov 27-53
NAME OF CEMETERY OR CREMATORY: All Hallows Cemetery
LOCATION (City, town, or county) (State): Davidsonville A A Co Md

DATE REC'D BY LOCAL REG.: November 26 1953
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Bernard A Fink Glen Burnie Md ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY A.A. Co. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park

LENGTH OF STAY (in this place) —

HOSPITAL OR INSTITUTION OR STREET ADDRESS 223 Arundel Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY A A

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park

STREET ADDRESS (If rural give location) 223 Arundel Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	
EILEEN M. CALLAHAN	II/27/53	19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	S	6/26/44	9 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Baltimore	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph P/	Rose E. McGee

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
202.1 Immediate cause	(a) Reticuloendotheliosis	2 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
no	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from May 11 ..., 1953, to Nov 27 ..., 1953, that I last saw the deceased alive on Nov 27 ..., 1953, and that death occurred at 11:30 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Allan Y. Wolins,	M. D.	902 Patapsco Av. Baltimore 25, Md	11/30/53.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B	12/1/53	Holy Cross	Baltimore

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		James L. McCully - 130 E. Fort Ave/	

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10388

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Lafayette Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 24 Lafayette Ave.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) E. (Last) Chapman
4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 10-26-1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Carr Baker
10b. KIND OF BUSINESS OR INDUSTRY: J. B. Rich
11. BIRTHPLACE (State or foreign country): Waterbury Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Chapman
14. MOTHER'S MAIDEN NAME: Julia Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-28-2954A
17. INFORMANT & ADDRESS: Anna Chapman-Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerosis DUE TO

(c)

Interval Between Onset And Death: 13 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 22, 1953, to Nov. 3, 1953, that I last saw the deceased alive on Nov. 3, 1953, and that death occurred at 5:10 PM from the causes and on the date stated above.

SIGNATURE R. L. Richardson (Degree or title) MD ADDRESS 110 Clay St. Annapolis, Md. DATE SIGNED 11/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-7-53 NAME OF CEMETERY OR CREMATORY Brewer Hill LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 7, 1953 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William Reese, II-108 W. Washington St. Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10089

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS MD. LENGTH OF STAY (in this place) 15 to 16 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOMEWOOD CONVALESCENT HOME 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ODENTON (RURAL)
STREET ADDRESS (If rural, give location) WAUGH CHAPEL ROAD.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) L (Last) Clark

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAY 1, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE
11. BIRTHPLACE (State or foreign country): ANNE ARUNDEL COUNTY.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM B. CLARK
14. MOTHER'S MAIDEN NAME: LUCY WATTS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-09-5815A.
17. INFORMANT & ADDRESS: MRS. FIELDER RAWFORD, ODENTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

42 d.1

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease yrs.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) c decompensation
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis c L. Hemiplegia yrs. ago. Bronchial Asthma for yrs.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1953, to 11/21, 1953, that I last saw the deceased alive on 11/19, 1953, and that death occurred at 3.45A m., from the causes and on the date stated above.

SIGNATURE Maurice Klawans (DEGREE OR TITLE) Md ADDRESS Annapolis Md DATE SIGNED 11/22/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE THEREOF Nov. 23, 1953 NAME OF CEMETERY OR CREMATORY BETHEL LOCATION (City, town, or county) FORT MEADE, (State) MD

DATE REC'D BY LOCAL REG. November 23 1953. REGISTRAR'S SIGNATURE Wm. J. French
24. FUNERAL DIRECTOR Tw Lingston, ADDRESS Glen Burnie, Md

E. J. De Albon

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15—8-51

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10290

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joan (Middle) Severn (Last) Clayton

4. DATE OF DEATH: (Month) Nov (Day) 27 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: Sept 10, 1945
9. AGE last birthday: 8 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore City, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elmore-Lawrence Clayton
14. MOTHER'S MAIDEN NAME: Dorothy Helen Ring

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Elmore L Clayton, Galesville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lympho Angio Sarcoma — Interval Between Onset And Death 2 years

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to Nov 27, 1953, that I last saw the deceased alive on Nov 27, 1953, and that death occurred at 6.45 PM from the causes and on the date stated above.

SIGNATURE Edward J Merritt (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED 11-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 30, 1953
NAME OF CEMETERY OR CREMATORY Christ Church
LOCATION (City, town, or county) Owensville (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-30-53
REGISTRAR'S SIGNATURE Elsie [illegible]
24. FUNERAL DIRECTOR Hardesty Funeral Home, Galesville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 45

RECEIVED
DEC 1
BUREAU V. S.

Film#G160 Item# 18 12/21/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Balto. — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Heights

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 312 E. Orchard Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Heights

STREET ADDRESS (If rural give location): 312 E. Orchard Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): LOUIS CRISPENS

4. DATE OF DEATH: (Month) (Day) (Year): II/I4/53 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	W	2/19/66	87 yrs.		

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Lab.	NESCO	Baltimore	

13. FATHER'S NAME: Henry unknown

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Family - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) DUE TO: Uremia — Interval Between Onset And Death: ± 7-10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO: Generalyzed Arteriosclerosis — 20yr ±

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1947, 19..., to 11-14-53, 19..., that I last saw the deceased alive on 11-13-53, 19..., and that death occurred at 1:30 am., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: 642 Nash. Blvd DATE SIGNED: 11-14-53.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B	II/I7/53	Cedar Hill	Baltimore

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-16 53	[signature]	[signature]	130 E. Fort Ave

VS. 246

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10692

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade, Md — LENGTH OF STAY (in this place) 3½ Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bldg. T 1215 B Fort George G. Meade, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Fayette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oliphant Furnace
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Danko
4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Jan 17, 1873
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Sgt. Joseph Danko, Ft. George G. Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Disease — 3 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis
(c)

45.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Nov, 1953, to ——, 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9:50 a.m. m., from the causes and on the date stated above.

SIGNATURE John W. Carrier (Degree or title) JOHN W. CARRIER, ADDRESS U.S. ARMY HOSPITAL, Ft. George G. Meade, Maryland DATE SIGNED 1 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify): Removed
DATE THEREOF: 2 Nov 53
NAME OF CEMETERY OR CREMATORY: Fair Chance
LOCATION (City, town, or county) (State): Fair Chance, Pennsylvania

DATE REC'D BY LOCAL REG. 2 Nov 53
REGISTRAR'S SIGNATURE T. A. Gordon
T. A. GORDON, CWO USA
24. FUNERAL DIRECTOR: Wm. Cook Inc. ADDRESS 1217 St. Paul St. Balt.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]593

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade
LENGTH OF STAY (in this place) Unk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk 02 53 2
STREET ADDRESS (If rural give location) 8120 BullneckRoad

3. NAME OF DECEASED: (Type or Print) (First) Etevie (Middle) (Last) DeBray

4. DATE OF DEATH: (Month) Nov (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 12 Feb 1889

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country) France

12. CITIZEN OF WHAT COUNTRY? France

13. FATHER'S NAME: Adolphe DeBray

14. MOTHER'S MAIDEN NAME: Florence Fourmier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: M/Sgt Clifford Litts 8120 Bullneck Road, Dundalk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1947

Immediate cause (a) Abdominal carcinomatosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Primary site undetermined

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Oct, 1953, to 21 Nov, 1953, that I last saw the deceased alive on 21 Nov, 1953 and that death occurred at 0125, from the causes and on the date stated above.

SIGNATURE (Degree or title) Myron J. Yeus, M. D. ADDRESS Ft Geo G. Meade Md DATE SIGNED 21 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 24 Nov 1953 NAME OF CEMETERY OR CREMATORY Sacred Heart LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 21 Nov 1953 REGISTRAR'S SIGNATURE T. A. GORDON, CWO, USA

24. FUNERAL DIRECTOR John Ullrich ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]94

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davey
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forest Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davey
STREET ADDRESS (If rural give location) Forest Avenue

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) L (Last) de Pascal

4. DATE OF DEATH: (Month) November (Day) 5 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: July 20 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Weinder

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Kauth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Howard J. de Pascal, Davey Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Cerebral Haemorrhage — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Senil arterio-sclerosis — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14 53 to Nov. 5, 1953, that I last saw the deceased alive on Nov. 2, 1953 and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mark Shipley, M.D. — ADDRESS Savage, Md. — DATE SIGNED 11/4/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/9/53 — NAME OF CEMETERY OR CREMATORY Meadowridge Mem Park — LOCATION (City, town, or county) Davey — (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov 7-53 — REGISTRAR'S SIGNATURE Clara Haslup

24. FUNERAL DIRECTOR Meredith Donaldson — ADDRESS Laurel, Md

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10695

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis,
STREET ADDRESS (If rural give location) 915 Bay Ridge Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Frederick N. Dittman

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 14, 1892
9. AGE last birthday: 61 /62/ yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY: A and P. Chain Store
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Dittman
14. MOTHER'S MAIDEN NAME: Margaret Funk

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: 214-05-1330
17. INFORMANT & ADDRESS: Mrs Margaret Dittman Wife Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150 ✗

Immediate cause (a) Carcinoma Oesophagus
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchopneumonia
DUE TO

(c)

Interval Between Onset And Death: 2 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/15/53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Oesophagus
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Nov 12, 1953, that I last saw the deceased alive on Nov 12, 1953, and that death occurred at 2 Am, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD. ADDRESS [signature] DATE SIGNED Nov 13. 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-14-53
NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery
LOCATION (City, town, or county) (State): Annapolis, Md.
DATE REC'D BY LOCAL REGISTRAR: Nov. 14, 1953
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Ben L. Hopping and Son ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Dr 19 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11640

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN. (Middle) FRANCIS (Last) DUNMYER
4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Jany 30th 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Engineer Penn R. R.
10b. KIND OF BUSINESS OR INDUSTRY: Engineer
11. BIRTHPLACE (State or foreign country): Penn
12. CITIZEN OF WHAT COUNTRY? N. S. A.

13. FATHER'S NAME: George Dunmyer
14. MOTHER'S MAIDEN NAME: Rosalia Skelly

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or date of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Miss Mary Dunmyer Annapolis R. F. D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart disease — Interval Between Onset And Death: Small

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — Years

DUE TO (c) Benign prostatic — Small

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy — Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Nov 14, 1953, that I last saw the deceased alive on Nov 14, 1953, and that death occurred at 3 pm, from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M D. ADDRESS Annapolis Md DATE SIGNED 11-16-53

23. ~~BURIAL, CREMATION,~~ REMOVAL (Specify)
DATE THEREOF 11-15-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) South Fork (State) Pa

DATE REC'D BY LOCAL REGISTRAR Nov. 15, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 2-40

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

L0696

Reg. Dist. No.

1. PLACE OF DEATH:
County ANNE ARUNDEL
City or town GLEN BURNIE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 YEARS
Hospital, institution, or street address where death occurred:
25 2ND AVE, MARLEY
How long in hospital or institution? NONE

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County ANNE ARUNDEL
City or town GLEN BURNIE
(If outside city or town limits, write RURAL and give nearest town)
Street No. 25 2ND AVE., MARLEY
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME: SOPHIA FINKBINE

3.(b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

8.(b) Name of husband or wife: CHARLES A. FINKBINE
8.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): 12-28-1880

8. AGE:

Years	Months	Days	If less than one day
72	10	16	...hrs. ...min.

9. Birthplace: ANNAPOLIS ANNE ARUNDEL, MD.
(Town, county, and state)

10. Usual occupation: HOUSEWIFE

11. Industry or business: —

FATHER
12. Name: JOHN RESSE
13. Birthplace: UNKNOWN

MOTHER
14. Maiden name: SARAH RESSE
15. Birthplace: UNKNOWN

16. Informant: CHARLES A. FINKBINE
Address 25 2ND AVE., MARLEY, GLEN BURNIE MD.

17. Burial
(Burial, cremation, or removal, Which)
Date thereof Nov 17th 1953
(month) (day) (year)
Cemetery or crematory St Annes
Location Annapolis, Md.

18. Funeral director John M. Layton Sons
Address Annapolis Md.

19. Nov 16, 1953 (Nov 16 1953) L J Dach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: NOVEMBER 14 19 53 at 2230 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-28 19 53 to 11-14 19 53 and that I last saw her alive on 10-5 19 53

Immediate cause of death: CORONARY THROMBOSIS — DURATION

Due to:

Due to:

Other conditions: HYPERTENSIVE CARDIO-VASCULAR DISEASE.
(Include pregnancy within 3 months of death)

Major findings of operations: 4-22-1

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Leon C. Perry, M.D.
M. D. or other
Address 201 B+A BLVD. GLEN BURNIE, MD. Date signed 11-14-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9-45-15M

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NOV
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade | LENGTH OF STAY (In this place) 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Georgia — COUNTY Fulton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Atlanta
STREET ADDRESS (If rural, give location) -

3. NAME OF DECEASED (Type or Print): (First) Sara (Middle) E. (Last) Flanagan
4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8 September 1916
9. AGE last birthday: 37 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: W. A. Patteete
14. MOTHER'S MAIDEN NAME: Elizabeth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 254-28-1453
17. INFORMANT AND ADDRESS: Husband James E. Flanagan; 8545 Pulaske Hwy; Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized peritonitis	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple peritoneal abscesses	3 months
	(c) Carcinoma of cervix with metastases to cervical glands.	Unknown

171 ×

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-21; 7-22; 8-30; 8-3 1953
19b. MAJOR FINDINGS OF OPERATION: 1. Carcinoma of cervix uteri. 2. Peritonitis 3. Multiple small bowel fistulae.
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20, 19.53., to 4 Nov, 19.53., that I last saw the deceased alive on 3 Nov, 19 53 and that death occurred at 2:30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. J. Myers M. J. MYERS MD Ft. Geo. G. Meade, Md. 4 Nov 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Unknown
NAME OF CEMETERY OR CREMATORY: Fairchance Cemetery
LOCATION (City, town, or county) (State): Fairchance Alabama

DATE REC'D BY LOCAL REG.: 4 November 1953
REGISTRAR'S SIGNATURE: T. A. GORDON C O 'SA
24. FUNERAL DIRECTOR: Wm. Cook Inc.
ADDRESS: Balto., Md.

BUREAU V.

Dr Basil

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.
STREET ADDRESS (If rural give location) Shipwright Harbor

3. NAME OF DECEASED: (Type or Print) (First) DERR (Middle) OSCAR (Last) GILLMER
4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-4-1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Newton Ohio
12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME: Thomas H. Gillmer
14. MOTHER'S MAIDEN NAME: Laura Medley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Thomas C. Gillmer Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Hemorrhage left — Interval Between Onset And Death: 2 years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemiplegia — Recent
DUE TO
(c) Generalized Arteriosclerosis — years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Prostate — unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Pronounced dead, 19....., to ....., 19....., that I last saw the deceased alive on Nov 30-53, 19....., and that death occurred at 10.30 p.m.; from the causes and on the date stated above.
SIGNATURE George C. Basil (Degree or title) M. D. ADDRESS Annapolis Md DATE SIGNED 12-2-53

23. ~~BURIAL, CREMATION,~~ REMOVAL (Specify) DATE THEREOF ~~12-2-53~~ NAME OF CEMETERY OR CREMATORY Oak Wood Cemt. LOCATION (City, town, or county) Warren (State) Ohio

DATE REC'D BY LOCAL REGISTRAR Dec. 2, 1953 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. [illegible]

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10698

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1945 West. St Ext

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 1945 West. Ext

3. NAME OF DECEASED: (Type or Print) (First) Janie (Middle) Galloway (Last) Green

4. DATE OF DEATH: (Month) Nov (Day) 20 (Year) 1953

5. SEX: Fem.
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: June 10 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chesterfield, A. A.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Louis Butler
14. MOTHER'S MAIDEN NAME: Martha Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ether Carter (Annapolis)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cardiac Failure — Interval Between Onset And Death: 1 wk

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive Cardio Vascular Disease — 2 yr.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1953, to Nov. 20, 1953, that I last saw the deceased alive on Nov. 19, 1953, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Theodore H. Johnson M.D. ADDRESS 40 Northwest Street Annapolis DATE SIGNED 11/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 23/53
NAME OF CEMETERY OR CREMATORY Founders
LOCATION (City, town, or county) (State) Best. Gate A. A. Md

DATE REC'D BY LOCAL REGISTRAR Nov. 23, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]00

CERTIFICATE OF DEATH

Reg. Dist. No. 2[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 3 yrs. 11½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hos[illegible]ital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 409 W. Biddle Street

3. NAME OF DECEASED: (First) Lucy (Middle) (Last) Gross
4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1879?
9. AGE Last birthday: 73? yrs.
IF UNDER 1 YEAR: Months – Days –
IF UNDER 24 HRS.: Hours – Min. –
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) – – –
16. SOCIAL SECURITY NO.: – – – –
17. INFORMANT & ADDRESS: Hos[illegible]ital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Thrombosis	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Generalized Arterioslcerosis	Known to us since 12/15/49
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Paresis

19a. DATE OF OPERATION: – – – – – –
19b. MAJOR FINDINGS OF OPERATION –
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) – – – – – –
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) – – –
(CITY OR TOWN) – – – – – – – – – – – – – – – – – – –

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A13

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shady Side
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shady Side Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Susie (Middle) (Last) Gross

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widow

8. DATE OF BIRTH: Feb. 26, 1876

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Churchton, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Offer

14. MOTHER'S MAIDEN NAME: Serena Offer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Benson Gross, Shady Side, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CHRONIC MYOCARDITIS — Interval between onset and death: 2 YRS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIO-SCLEROSIS — 10 YRS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 23, 1953, to Nov 3rd, 1953, that I last saw the deceased alive on Oct. 23rd, 1953, and that death occurred at 4.45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Nathaniel S. Lancaster M.D. Chalk Point Road - Churchton Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Nov. 7 1953
NAME OF CEMETERY OR CREMATORY: Gross
LOCATION (City, town, or county) (State): Shady Side, Md.

DATE REC'D BY LOCAL REG. Nov. 4 53
REGISTRAR'S SIGNATURE: J. B. Dent
24. FUNERAL DIRECTOR: J. A. Hardesty & Son
ADDRESS: Galesville, Md.

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BUREAU V [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19502

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Edgewater
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater
STREET ADDRESS (If rural give location): Edgewater Post Office

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) A (Last) HALE

4. DATE OF DEATH: (Month) NOVEMBER (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 19, 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months 2, Days 23 IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. Guard

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov.

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN W. HALE

14. MOTHER'S MAIDEN NAME: JOSEPHINE BALL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: 9321 Warren Street Robert Hale Son Silver Springs, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) coronary occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic heart disease
DUE TO
(c) aortic insufficiency

Interval Between Onset And Death: 5 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 1948, to 11-12, 1953, that I last saw the deceased alive on 10-20, 1953, and that death occurred at 1.15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Smith Roeller M.D. 45 Franklin St. Annapolis Md 11-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-16-53
NAME OF CEMETERY OR CREMATORY: Congressional Cemetery
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: Nov. 13, 1953
REGISTRAR'S SIGNATURE: Edward Collinson

24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey, Bethesda, Maryland

VS. A18

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NOV 23 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (In this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md | COUNTY A A | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | STREET ADDRESS (If rural, give location) 137 Archwood Ave

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) E. (Last) Harder

4. DATE OF DEATH: (Month) 11 (Day) 6 (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 12-15-1886 | 9. AGE last birthday: 66 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Calvert Co Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Wells | 14. MOTHER'S MAIDEN NAME: Mary Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS: Forest B. Harder 137 Archwood Ave Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Disease — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E Bernhardt | (Degree or title) MD | ADDRESS Annapolis Md | DATE SIGNED Nov 7/53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 11-9-53 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis | (State) Md

DATE REC'D BY LOCAL REG. Nov. 9, 1953 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR John M. Sayles Sons | ADDRESS Annapolis Md.

R
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 20706

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville
LENGTH OF STAY (in this place): 1 yr. 52 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City
STREET ADDRESS (If rural give location): 268 Robert Street

3. NAME OF DECEASED: (Type or Print) (First) Myrtle (Middle) (Last) Hicks

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/15/00

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Mitchell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unk. (If Yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350 K

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: Known to us since 10/6/52

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Paralysis agitans

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - (CITY OR TOWN) - - - - (COUNTY) - - - - (STATE) - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 2/1, 19 53, to 11/27, 19 53, that I last saw the deceased alive on 11/27, 19 53, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Liebert M.D.

ADDRESS: Crownsville, Md.

DATE SIGNED: 11/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-5-53

NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem

LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: William A Jackson

ADDRESS: 916 Penna Ave

Burial place changed 12/2/53 - funeral director's data. L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 605 Newfield Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural give location) 605 Newfield Rd.

3. NAME OF DECEASED: (Type or Print) (First) Oliver (Middle) B. (Last) Holt

4. DATE OF DEATH: (Month) November (Day) 20, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 14, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tool Maker
10b. KIND OF BUSINESS OR INDUSTRY: Experimental Sta. U.S.N.A.
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Holt
14. MOTHER'S MAIDEN NAME: Margaret Mahoney

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Mayme M. Holt, Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-vascular Disease
DUE TO
(c)

Interval Between Onset And Death 4 days 2 hrs

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Nov 20, 1953, that I last saw the deceased alive on Nov 20, 1953, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

SIGNATURE James S. Billingsley MD (Degree or title) 108 Central Ave ADDRESS Glen Burnie DATE SIGNED Md 11/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 24, 1953
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) [illegible] (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Nov 23, 1953
REGISTRAR'S SIGNATURE [illegible] De Alba
24. FUNERAL DIRECTOR Richard V. Singleton, Glen Burnie, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

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NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0707

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 525 Beech St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 525 Beech Ave

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Porter (Last) Hopkins
4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Aug-12-1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House work
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Porter
14. MOTHER'S MAIDEN NAME: Minnie Smith

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Hayes Durall 525 Beech Ave Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis generalized
DUE TO
(c) Hypertension

Interval Between Onset And Death: Sudden several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? 7.30 AM - 8.30 AM

22. I hereby certify that I attended the deceased from Nov 8, 1953, to Nov 8, 1953, that I last saw the deceased alive on Nov 8, 1953, and that death occurred at 8.30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Sage C Bosil M. D. ADDRESS Annapolis Md DATE SIGNED 11-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-10-53 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov. 10, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

Film#G160 Item#13,14 12/7/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis, Md.
STREET ADDRESS (If rural give location) 1 Randall Court

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) F. (Last) Howard
4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):
8. DATE OF BIRTH: 8- -1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Louis Lamor Force
14. MOTHER'S MAIDEN NAME: Agnes Robertson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage with — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rt. Hemiplegia

DUE TO

(c) Cerebral arteriosclerosis — Several years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Several years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26, 1953, to Nov 29, 1953, that I last saw the deceased alive on Nov 29, 1953, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M. D. ADDRESS Annapolis Md. DATE SIGNED 12-1-53

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (Specify) DATE THEREOF 12-2-1953 NAME OF CEMETERY OR CREMATORY Boneventure LOCATION (City, town, or county) Savannah (State) Ga.

DATE REC'D BY LOCAL REGISTRAR Dec. 1, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10708

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.O. Pasadena
LENGTH OF STAY (in this place) 38 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacobsville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Same COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Same
STREET ADDRESS (If rural give location) Same

3. NAME OF DECEASED: (Type or Print) (First) Marie Anna (Middle) Jirak (Last) (Jirak)
4. DATE OF DEATH: (Month) (Day) (Year) Nov 27 1953 19

5. SEX: F.
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Married
8. DATE OF BIRTH: 10/28/75
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Kaisler
14. MOTHER'S MAIDEN NAME: Marie Tichy

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. George W. Orr, (daughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
443X Immediate cause	(a)	Congestive Heart Failure	8 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	auricular fibrillation	1 year
	DUE TO (c)	Hypertension	unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. varicose veins, bilateral unknown

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 3, 1953, to Nov. 27 1953, that I last saw the deceased alive on Nov 26 1953 and that death occurred at 2 a.m., 11/27/53, from the causes and on the date stated above.

SIGNATURE (Degree or title) R. M. McLaughlin. M.D.
ADDRESS Pasadena. Md.
DATE SIGNED Nov. 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Fund
DATE THEREOF Nov. 30, 1953
NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk.
LOCATION (City, town, or county) Washington Blvd. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 11/30/53
REGISTRAR'S SIGNATURE L. J. De Albert
24. FUNERAL DIRECTOR R. D. Singleton
ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Green Haven — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sunset Beach, P.O. Pasadena
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain Road, Green Haven, Md.	STREET ADDRESS (If rural, give location) Mountain Road

3. NAME OF DECEASED (Type or Print)	(First) ARTHUR	(Middle) F. R.	(Last) JOHANSEN	4. DATE OF DEATH	(Month) 11 - (Day) 9 (Year) 1953
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 8/21/1897	9. AGE last birthday 56 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman Block Manufacturer	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Tronso, Norway	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Anereas Johansen	14. MOTHER'S MAIDEN NAME unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Elinor Johansen, Sunset Beach, Md.			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
976x Immediate cause	(a) Gunshot wound of the head	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 2	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) shop	(CITY OR TOWN) Green Haven (COUNTY) Anne Arundel (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Found: 11-9-53 9:30 A. m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? shot self in head

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐.*

SIGNATURE William [signature] (Degree or title) ADDRESS Assistant Medical Examiner, 700 Fleet St., Balto. 2, Md. DATE SIGNED 11-9-53

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 11/13/53	NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery	LOCATION (City, town, or county) (State) Anne Arundel County, Maryland
DATE REC'D BY LOCAL REG. 11-12-53	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY A. A. County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pasadena Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural give location) P. O.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) E (Last) JOHNSON

4. DATE OF DEATH (Month) 11 (Day) 4 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: COL
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: 2-15-1900.
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country). St. Marys County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDWARD JOHNSON. Md.
14. MOTHER'S MAIDEN NAME: NORA ? Md.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 217-01-1685
17. INFORMANT & ADDRESS: CORDELIA JOHNSON PASADENA P.O. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 151X (a) Carcinoma of stomach — Interval Between Onset And Death: 2-years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastatic carcinoma — 2-years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1950, to Nov. 4, 1953, that I last saw the deceased alive on Nov. 3, 1953, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Randall M. McLaughlin, M.D. ADDRESS Pasadena. Md. DATE SIGNED Nov. 4. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 11-8-53 NAME OF CEMETERY OR CREMATORY MAGOTHY CEM. LOCATION (City, town, or county) A.A. County (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/6/53 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR William A. Jackson 916 Penna ave ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(6) Item 14 F.A. G. 53 11/2/53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10712

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A.A.Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ferndale
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 Annapolis Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ferndale
STREET ADDRESS (If rural give location) 406 Annapolis Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Albert (Last) Lang

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept.30,1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pressman
10b. KIND OF BUSINESS OR INDUSTRY: Balto.Sales Book
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Lang
14. MOTHER'S MAIDEN NAME: ~~Myrtle Smith~~ Anna Longgith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-01-1393
17. INFORMANT & ADDRESS: Mrs Myrtle Lang, 406 Annapolis Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177x Immediate cause (a) Carcinomatosis — Interval Between Onset And Death: 18 mos

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma Prostate — 18 mos

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to 11-9, 1953, that I last saw the deceased alive on 11-9, 1953, and that death occurred at 8 45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles R. MacDonald MD. ADDRESS Glen Burnie, Md DATE SIGNED 11-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov.16/53
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Harry H. Nitzke ADDRESS 401 Edmondson Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10713

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shadyside
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shadyside
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) RALPH (Middle) EDWARD (Last) LEE

4. DATE OF DEATH: (Month) NOV (Day) 4 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: JAN 8 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): WATERMAN
10b. KIND OF BUSINESS OR INDUSTRY: FISHING
11. BIRTHPLACE (State or foreign country): Shadyside MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert H. Lee
14. MOTHER'S MAIDEN NAME: Lottie Phipps

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS Laura L. Lee, Shadyside Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 157X (a) Generalized Carcinomatosis — Interval Between Onset And Death 3 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cancer of pancreas — 1 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.18, 1952, to 11.4, 1953, that I last saw the deceased alive on 11.3, 1953, and that death occurred at 6 AM., from the causes and on the date stated above.

SIGNATURE Bowie Linn Grant (Degree or title) M.D. ADDRESS Shady Side, Md. DATE SIGNED 11.4.53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF NOV 6, 1953
NAME OF CEMETERY OR CREMATORY ARLINGTON National
LOCATION (City, town, or county) (State) Fort Myer, Va.

DATE REC'D BY LOCAL REGISTRAR Nov. 4, 53
REGISTRAR'S SIGNATURE J. B. Dent
24. FUNERAL DIRECTOR Hardesty Funeral Home, Edlesville Md. ADDRESS

Nov

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]14

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville
LENGTH OF STAY (in this place): 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City
STREET ADDRESS (If rural give location): 702 Madison Avenue

3. NAME OF DECEASED: (First) Mary (Middle) (Last) Lisby
4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 1892?
9. AGE last birthday: 61? yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Solomon Lisby
14. MOTHER'S MAIDEN NAME: Harriet Lisby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
332X Immediate cause (a)	Cerebral Thrombosis	Since 11/17/53
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	Known to us since 10/11/53
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 19 53, to 11/19, 19 53, that I last saw the deceased alive on 11/19, 1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stephen E. Kramer M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 11/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/25/1953 — NAME OF CEMETERY OR CREMATORY: M.E. Calvary — LOCATION (City, town, or county) (State): Crownsville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-25-53 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: A. Halstead & Son — ADDRESS: Hillsdale

VS. 16 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]15

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH:
COUNTY: Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (in this place): 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 204 S. 3rd Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural give location): 204 3rd Ave. S.E.

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) Elizabeth (Last) Mackley
4. DATE OF DEATH: (Month) Nov (Day) 23 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10/31/1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry C. Mornington
14. MOTHER'S MAIDEN NAME: Susan Kroutz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: H. E. Mackley, Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 422.2 (a) Cardiac Failure — Interval Between Onset And Death: ?

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic Myocarditis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1951, to Nov. 1953, that I last saw the deceased alive on Nov 22, 1953, and that death occurred at 6:30 AM from the causes and on the date stated above.

SIGNATURE: C. R. MacDonald (Degree or title) MD. ADDRESS: Glen Burnie, Md. DATE SIGNED: 11-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): 11-25-53 DATE THEREOF: Burial NAME OF CEMETERY OR CREMATORY: Beaver Dam Cem. LOCATION (City, town, or county) (State): Ferndale County Md.

DATE REC'D BY LOCAL REGISTRAR: 11-12-53 REGISTRAR'S SIGNATURE: A W Hedrick JST

24. FUNERAL DIRECTOR: D. D. Hartzler & Sons ADDRESS: Crewe Bridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural, give location) Route #2 -- Box 248

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) WILLIAM (Last) MARLOW

4. DATE OF DEATH: (Month) Nov. (Day) 20, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 6, 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (ret.) - Banker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash, D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert G. Marlow
14. MOTHER'S MAIDEN NAME: Hester Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 579-05-7950
17. INFORMANT & ADDRESS: Route #2 Box 248 May E. Marlow - Edgewater, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min
DUE TO
Antecedent cause(s) (b) Generalized Arteriosclerosis — 2+ yrs.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/30, 1953 to 11/20, 1953 that I last saw the deceased alive on 11/17, 1953, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

SIGNATURE Frank M. Shipley M.D. (DEGREE OR TITLE) ADDRESS Annapolis, Md. DATE SIGNED 11/20/53

23. BURIAL, CREMATION REMOVAL (Specify): Buried
DATE THEREOF Nov. 23, 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Md

DATE REC'D BY LOCAL REG. Nov. 21, 1953
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Fee Funeral Home ADDRESS 300-4th St NE
Mr. Edw Collinson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

NOV 24 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10717

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1003 Jackson St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis, Md.
STREET ADDRESS (If rural give location) 1003 Jackson St.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) M. (Last) Mayenschein
4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 15, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick W. Mayenschein
14. MOTHER'S MAIDEN NAME: Caroline L. Raabe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs H.C. Buchwald Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175 X

Immediate cause (a) Carcinomatosis — Interval Between Onset And Death: 4 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Ovary — 1 yr.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-25-53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Right ovary with Liver metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25-1953 to 11-18-1953, that I last saw the deceased alive on 11-18-1953, and that death occurred at 6 30 pm, from the causes and on the date stated above.

SIGNATURE James A. Martin (Degree or title) MD ADDRESS Annapolis, Md DATE SIGNED 11-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11/21/53 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 21, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor + Sons ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-16

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 1718

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis, Md.
STREET ADDRESS (If rural, give location) 57 Clay Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (Last) MORGAN

4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 11, 1902

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR ___nths ___Days IF UNDER 24 HRS. ___Hours ___Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cakel Morgan

14. MOTHER'S MAIDEN NAME: Hattie Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 134-07-1336

17. INFORMANT & ADDRESS: Ellen Porter, 57 Clay St. Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

511X
Immediate cause (a) Asphyxia
DUE TO Laryngopharyngeal Obstruction due to Peritonsillar
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Abscess, Left
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. S. Farber M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-30-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec. 6, 1953
NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery
LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG. DEC 1 53
REGISTRAR'S SIGNATURE a. w Hedrick
24. FUNERAL DIRECTOR Wm Reese
ADDRESS 145 Washington St. Annapolis Md.

VS-15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19519

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 26 Franklin

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) A. (Last) Munroe
4. DATE OF DEATH: (Month) (Day) (Year) 11 - 28 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write) Married
8. DATE OF BIRTH: 2-12-1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired. Ret Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Dry Goods Store
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James M. Munroe
14. MOTHER'S MAIDEN NAME: Matilda Walter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No: —
17. INFORMANT & ADDRESS: Mrs F. A. Munroe 26 Franklin St. Annapolis Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
450.0
Immediate cause (a) Uraemia
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertrophied Prostate with Carcinoma
DUE TO (c) Arteriosclerosis

Interval Between Onset And Death
(a) about 6 days
(b) several yrs
(c) several yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1951, to Nov 28, 1953, that I last saw the deceased alive on Nov 28, 1953, and that death occurred at 9.30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Oliver Purvis M.D. ADDRESS Annapolis Md DATE SIGNED 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12-1-53 NAME OF CEMETERY OR CREMATORY St Annes LOCATION (City, town, or county) (State) Annapolis Md

DATE REC'D BY LOCAL REGISTRAR Nov. 30, 1953 REGISTRAR'S SIGNATURE J. D. Arnold
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10720

CERTIFICATE OF DEATH

Reg. Dist. No. 4 / ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. Co. | STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riviera Beech, | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Roa

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. | COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riviera Beech
STREET ADDRESS (If rural give location) Asbury Road

3. NAME OF DECEASED: (Type or Print) (First) Henrietta (Middle) Ruth (Last) Norwood

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	married	April 10, 1887	66 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		South Carolina	

13. FATHER'S NAME: Harvey Hart Samuel

14. MOTHER'S MAIDEN NAME: Annie Foote

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
			Mr. Norman Norwood Asbury Rd. Riviera Beech, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
42c.1		
Immediate cause	(a) Coronary thrombosis	6 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary insufficiency	6 months
	DUE TO (c) Partial heart block	6 months
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatoid arthritis, generalized	10 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to Nov. 19, 1953, that I last saw the deceased alive on Nov. 18, 1953, and that death occurred at 10:55 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. M. McLaughlin	M.D.	Pasadena Pl. Md.	Nov. 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 21, 1953	Druid Ridge	Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
November 21 1953	R. W.	John O. Mitchell Sons Inc.	1900 Eutaw Place

VS. 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10721

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Margate
LENGTH OF STAY (in this place) 20 Y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 315 -

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY Ht
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DAISY - (Middle) MARY - (Last) OLIVER

4. DATE OF DEATH: (Month) Nov. (Day) 9th (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed.
8. DATE OF BIRTH: 1/15/79
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charleston S.C. 37
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Reilly
14. MOTHER'S MAIDEN NAME: Cicilia Knickmeyer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None.
17. INFORMANT & ADDRESS: Mrs. Charlotte Cunningham. (daughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 1½ day
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General Arterio-sclerosis. - + 5 years.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) ~~(Year)~~ (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to 11/9/53, 19..., that I last saw the deceased alive on 10/27, 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE Gustave H Faubert M.D. (Degree or title) ADDRESS Glen Burnie Md. DATE SIGNED 11/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 11, 1953
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) (State) [illegible] Md.

DATE REC'D BY LOCAL REGISTRAR 11/10/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR R. V. Singleton ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 116

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10722 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY An. Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — 0 1-4
STREET ADDRESS (If rural give location) 420 N. Calhoun St.

3. NAME OF DECEASED: (First) JAMES (Middle) Edward (Last) PARKER
4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1953
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-5-73
9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months / Days / Hours / Min. — IF UNDER 24 HRS.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Local Gardener
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Parker
14. MOTHER'S MAIDEN NAME: ~~Dudley~~ Betty Randall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Crownsville State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

9947 Immediate cause (a) Myocarditis Cronica
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: Oct. 22, 1953
19b. MAJOR FINDINGS OF OPERATION: Fracture of right femoral neck - open reduction
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Hospital
(CITY OR TOWN) Crownsville State Hosp. (COUNTY) Anne Arundel (STATE) Md.
TIME OF INJURY (Month) Oct (Day) 19 (Year) 1953 (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Unknown

22. I hereby certify that I attended the deceased from 7-26, 1946, to 11-21, 1953, that I last saw the deceased alive on 11-21, 1953, and that death occurred at 11:10 Am., from the causes and on the date stated above.
SIGNATURE (Degree or title) Arnold H. Eichert, M.D. — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/25/53
NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Park
LOCATION (City, town, or county) (State): Balto. Co., Md.
DATE REC'D BY LOCAL REGISTRAR: 11-23-53
REGISTRAR'S SIGNATURE: A. W. Hennig
24. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: 802 Madison Ave.

VS. 15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Laurel
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Laurel R. F. D
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LeRoy (Middle) (Last) PARKER

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 23, 1901
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Skilled Labour, Worked around Restaurants
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Anne Arundel Co Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Parker
14. MOTHER'S MAIDEN NAME: Rose Gaither

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-16-8166
17. INFORMANT & ADDRESS: Rose Henson Laurel R. F. D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 241X

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Dilatation	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Bronchial Asthma	5 yrs
	DUE TO (c) Chronic Nephritis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11/53 19....., to 11/11/53 19....., that I last saw the deceased alive on 11/11, 1953, and that death occurred at 7:00 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J M Warren M D Laurel Md ADDRESS DATE SIGNED 11/13/53

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF Nov 14, 1953
NAME OF CEMETERY OR CREMATORY Bacon's Chapel
LOCATION (City, town, or county) A. A. Co Near Laurel (State) Md

DATE REC'D BY LOCAL REG. Nov 14-53
REGISTRAR'S SIGNATURE Clara Haslup
24. FUNERAL DIRECTOR Ridgley Selby 401 Wash. Ave Laurel Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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8-51

RECEIVED
DEC 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ...724

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Calvert Court.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 19 Calvert Court

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Gatha (Last) Pinkston
4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-4-1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U.U. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Alfred Pinkston - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Broncho - Pneumonia — Interval Between Onset and Death: 6 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic Myo Carditis — 1 year from to death

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1953, to Nov. 26, 1953, that I last saw the deceased alive on Nov 26, 1953, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS 110 Clay Street Annapolis, Md. DATE SIGNED 11/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-30-53
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 30, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR William Diese, II 108 N. Washington St. Annapolis, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

2725

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY A.A. Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Nav. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Hgts
STREET ADDRESS (If rural, give location) 4706 Gladycrest Ave.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) HENRY (Last) Powell
4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 5/5/04
9. AGE Last birthday: 49 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER.
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Paul A. Powell
14. MOTHER'S MAIDEN NAME: Sarah A Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Joseph H. Powell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary disease — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. Ben Laird (Degree or title) MD ADDRESS Annapolis, Md DATE SIGNED 11/1/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11/5/53 | NAME OF CEMETERY OR CREMATORY Arlington Natl | LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REG. 11/2-53 | REGISTRAR'S SIGNATURE ~~Edward T. Lovelace~~ William Dr. by mail | 24. FUNERAL DIRECTOR W.W. Chambers Co. | ADDRESS 517-11th St. SE Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15A

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8/6/53

RECEIVED
NOV 6
BUREAU

File #G159 Item# 7 11/27/53 emp

26

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 Gloucester St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 108 Gloucester St.

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Clinton (Last) Robertson

4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Sept. 30, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Naval Officer
10b. KIND OF BUSINESS OR INDUSTRY: U S Navy Ret
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Julian Robertson
14. MOTHER'S MAIDEN NAME: Mary Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I + II
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. C.M. Spainhour 1518 44th N.W Washington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden

420.1

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11/20/53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~, (Specify): DATE THEREOF 11-23-1953 NAME OF CEMETERY OR CREMATORY U.S. Naval Academy LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Nov. 23, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5-53

BUREAU V. S.

Film#G159 Item# 12 11/10/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 27

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Glen Burnie A A Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Glen Burnie Md
STREET ADDRESS (If rural, give location) Box 406 5th Ave. South

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) HERMAN Bernard SCHMIDT

4. DATE OF DEATH: (Month) (Day) (Year) November 3 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov 1 - 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA 51 yrs

13. FATHER'S NAME: Wilhelm Schmidt
14. MOTHER'S MAIDEN NAME: Elizabeth Hittle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Alma H. Schmidt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 450.0

Immediate cause (a) Arteriosclerosis general
DUE TO

Antecedent cause(s) (b) old age
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. hypertrophy of prostrate gland (benign)

19a. DATE OF OPERATION: Oct 14-1953
19b. MAJOR FINDINGS OF OPERATION: hypertrophy of prostrate gland
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Nov 3, 1953, that I last saw the deceased alive on 11/3, 1953, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE Bobby L. Jones MD. (DEGREE OR TITLE) ADDRESS 5 Central Ave S.W. Glen Burnie Md DATE SIGNED 11/3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov 7-53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Riden Hybry A A Co Md

DATE REC'D BY LOCAL REG. Nov 4, 1953
REGISTRAR'S SIGNATURE L J D'Alba
24. FUNERAL DIRECTOR Bernard A Fink ADDRESS Glen Burn. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. A15 8-51

RECEIVED
NOV 5
BUREAU V. S.

a/Müller

Film#G159 Item# 13 11/24/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10728

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (In this place) 32
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3905 Clarks Lane

3. NAME OF DECEASED (Type or Print): (First) MARTIN (Middle) (Last) SEIDMAN.
4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 3/1/1908
9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Children's Shop
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Max Seidman
14. MOTHER'S MAIDEN NAME: Dora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Minna Seidman - 3905 Clarks Lane

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH
420.1
Immediate cause (a) Coronary Occlusion — Sudden
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gustave A. Faucherd M.D. Deputy Medical Examiner Glen Burnie Md. 11/13/53

REMOVAL: CREMATION / Burial (Specify) — DATE THEREOF 11-15-1953 — NAME OF CEMETERY OR CREMATORY Arlington — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR NOV 15 1953 — SIGNATURE OF REGISTRAR Huntington Williams M.D. Clerk Hastings
24. FUNERAL DIRECTOR Jack Lewis Inc. — ADDRESS 2103 Eutaw Pl.

NOV 15
BUREAU V. S.

Film G15 Items 7, 8, 11, 12, 13, 14 11/27/53 emp
Item 21 Film G150 12-7-53 ams
22

20

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND

X CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Queen Anne's Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Washington

STREET ADDRESS (If rural, give location) 209 Atlantic St. S.E.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (Last) SELPH, JR.

4. DATE OF DEATH (Month) (Day) (Year) found 11/17 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Oct. ? 1930 | 9. AGE last birthday: 23 ? yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): D.C. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Selph, Sr. | 14. MOTHER'S MAIDEN NAME: Evelyn Hewitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

981X

Immediate cause (a) Gunshot wound of head

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) .....

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road | 21c. (City or town) (County) (State) Queen Anne Rd., Anne Arundel Co. Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) found 11/17/53 P.M. | 21e. INJURY OCCURRED While at work ☒ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? Shot in head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Joseph A. Jachimczyk M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF 11-18-53 | NAME OF CEMETERY OR CREMATORY Washington | LOCATION (City, town, or county) (State) DC

DATE REC'D BY LOCAL REG. NOV 1 8 1953 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | FUNERAL DIRECTOR W. K. Huntemann & Son | ADDRESS 5732 Ga Ave NW

C L Hess

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-15A-5-53

RECEIVED
53
BUREAU V. S.

RECEIVED
53 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10730

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1301 Poplar Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 1301 Poplar Street

3. NAME OF DECEASED: (Type or Print) (First) HARVEY (Middle) J (Last) SHUE

4. DATE OF DEATH: (Month) NOVEMBER (Day) 20 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 8, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Moterman Elect.RR
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver Shue
14. MOTHER'S MAIDEN NAME: Annie Flohr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-10-3120
17. INFORMANT & ADDRESS: Mrs. Dora Elsie Shue Wife same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1 Immediate cause (a) Carcinoma Lung (Primary)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 Months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 11, 1953, to Nov 20, 1953, that I last saw the deceased alive on Nov 20, 1953, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE George C Bosel (Degree or title) M D. ADDRESS Annapolis Md DATE SIGNED 11-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-23-53
NAME OF CEMETERY OR CREMATORY Bethlehem Church Cemetery
LOCATION (City, town, or county) (State) Stelta, Pa (York County)
DATE REC'D BY LOCAL REGISTRAR Nov 23, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10731

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater
STREET ADDRESS (If rural give location) South River Park

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) GEORGE A. SLATER

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 15 1953

5. SEX: MALE male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April 13, 1901
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Electrical Engineer & Restaurant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Owner. Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George W. Slater
14. MOTHER'S MAIDEN NAME: Emma Feldvoss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Margaret G. Slater, Woodland Beach, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

433.1 Immediate cause (a) Cerebral Embolism — Interval Between Onset And Death 11/10/53

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Auricular Fibrillation — 11/10/53

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10, 1953, to 11/15, 1953, that I last saw the deceased alive on 11/14, 1953, and that death occurred at 7.45 Am, from the causes and on the date stated above.

SIGNATURE Mannie Klawans Md (Degree or title) ADDRESS Annapolis, Md DATE SIGNED 11/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 18, 1953
NAME OF CEMETERY OR CREMATORY Congressional Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.
DATE REC'D BY LOCAL REGISTRAR 11/18/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19732

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 8 yrs. 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 0001.4
STREET ADDRESS (If rural give location) 607 Houser Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) (Last) Smith #2
4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1953

5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unk.
8. DATE OF BIRTH: 1897?
9. AGE last birthday: 56? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Uncertain
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

023X

Immediate cause (a) Heart failure — Interval Between Onset And Death: 1 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial Damage — 1 year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Paresis — Known to us since admission 4/17/45

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION ----
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----
(CITY OR TOWN) (COUNTY) (STATE) ----
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 2/1, 1953, to 11/10, 1953, that I last saw the deceased alive on 11/10, 1953, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 11/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 11/17/53
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/17/53
REGISTRAR'S SIGNATURE R. M. Joyce L. J. D'Alba mnb
24. FUNERAL DIRECTOR Frances A Hemsley 578 W Biddle St
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-16

RECEIVED
1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]33

CERTIFICATE OF DEATH

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenburnie
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Freetown, A.A.Co., Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Freetown-Near Glenburnie, Md.
STREET ADDRESS (If rural give location) Freetown. A.A.Co., Md.

3. NAME OF DECEASED: (Type or Print) (First) Janie (Middle) (Last) Spencer

4. DATE OF DEATH: (Month) II (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: II/7/1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jesse Hogan

14. MOTHER'S MAIDEN NAME: Elizabeth Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr Spencer (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 X

Immediate cause (a) Carcinoma of colon — Interval Between Onset And Death: 18 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastatic carcinoma — 18 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None -

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1949, to Nov. 2, 1953, that I last saw the deceased alive on Nov. 1, 1953, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Randall M. McLaughlin, M.D

ADDRESS Pasadena, Md.

DATE SIGNED Nov. 3. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF II/7/53

NAME OF CEMETERY OR CREMATORY Hall's Memorial Ct.

LOCATION (City, town, or county) Marley Neck Rd. (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-3-53

REGISTRAR'S SIGNATURE A W Hawkins

24. FUNERAL DIRECTOR Isaiah L. Burns & Son

ADDRESS 108 W. Montgomery St

VS. 4.16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0734

CERTIFICATE OF DEATH

Reg. Dist. No. 28

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 35 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queen Anne
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Stanford
4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1881?
9. AGE last birthday: 72 ? yrs. IF UNDER 1 YEAR Months – Days – IF UNDER 24 HRS. Hours – Min. –

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1

Immediate cause (a) Acute Coronary Thrombosis — Sudden death

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Sclerosis — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION ----
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ----
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----
(CITY OR TOWN) (COUNTY) (STATE) ----
TIME OF INJURY (Month) (Day) (Year) (Hour) ----
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 11/30/ 1953, to 11/30, 1953, that I last saw the deceased alive on 11/30, 1953, and that death occurred at 11:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 5, 1953
NAME OF CEMETERY OR CREMATORY Sandtown
LOCATION (City, town, or county) (State) Hillsboro, Md.

DATE REC'D BY LOCAL REGISTRAR 12/5/53
REGISTRAR'S SIGNATURE [signature] R. M. Joyce
24. FUNERAL DIRECTOR Charles Moore
ADDRESS Denton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]35

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundole — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Laurel, Md. — LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland, Anne Arundole
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Laurel, Md.
STREET ADDRESS (If rural give location) Fort Meade Rd.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Earl (Last) Taylor

4. DATE OF DEATH: (Month) 11 (Day) 2 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 9-18-1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Taylor

14. MOTHER'S MAIDEN NAME: Jennie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Social Service, District Training School

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

592X
Immediate cause (a) Uremia — 14 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic glomerulonephritis — 10 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — Lifelong

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1953, to 11-2, 1953, that I last saw the deceased alive on 11-1, 1953, and that death occurred at 1.55 p, from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy H. McConnell, M.D. — ADDRESS District Training School Laurel, Md. — DATE SIGNED 11-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-4-53 — NAME OF CEMETERY OR CREMATORY Glenwood — LOCATION (City, town, or county) Wash. Dist. — (State)

DATE REC'D BY LOCAL REGISTRAR Nov 2 - 53 — REGISTRAR'S SIGNATURE Clara Beasley — 24. FUNERAL DIRECTOR Robert A. Mattingly — ADDRESS 131-11th St. S.E. Wash. Dist. Col.

VS. 216

BUREAU V. S.

Item 2, Film G160, 12/4/53 fcy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 36

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riva
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Riverview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Riva~~, rural Edgewater P.O.
STREET ADDRESS (If rural, give location): ~~Riverview Nursing Home~~

3. NAME OF DECEASED: (Type or Print) (First) MILDRED (Middle) R (Last) TRAYNHAN

4. DATE OF DEATH: (Month) NOVEMBER (Day) 24 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	June 10, 1880	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Gov. Acct. Office	Roanoke, Va	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
-- ---	None	Mrs Genevia Von Ascheberg, Edgewater, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
334X Immediate cause	(a) Cerebral Arteriosclerosis	3 yrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) OF INJURY	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19 53, to 11/24, 19 53, that I last saw the deceased alive on 11/2, 19 53, and that death occurred at 12:25 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Frank M Shipley M.D. Annapolis — DATE SIGNED: 11/25/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11-25-53		Roanoke, Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 25, 1953	[signature]	Ben L. Hopping and Son	Annapolis, Md.

A16 8-51

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Point Pleasan Beach. LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Point Pleasant Beach.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 716 W. Lombard St.

3. NAME OF DECEASED (Type or Print) (First) Stanley (Middle) — (Last) Waitikus

4. DATE OF DEATH (Month) 11 (Day) 1 (Year) 1953

5. SEX M. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH May 25, 1885 | 9. AGE last birthday 68 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker | 10b. KIND OF BUSINESS OR INDUSTRY B. & O. RR. | 11. BIRTHPLACE (State or foreign country) Lithuania | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Unknown | 14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. 705-05-8521 | 17. INFORMANT Ida Martinek Same as above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic carcinoma	unknown
181X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the urinary bladder	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized osteo arthritis — 10 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1953, to Nov. 1, 1953, that I last saw the deceased alive on Oct 25, 1953, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE Nathan Racusin (Degree or title) MD ADDRESS 206 S. Gilmor St. DATE SIGNED 11-3-53

23. BURIAL, CREMATION REMOVAL (Specify) Cremation | DATE THEREOF 11/4/53 | NAME OF CEMETERY OR CREMATORY Greenmount | LOCATION (City, town, or county) E. North + Greenmount (State) Md

DATE REC'D BY LOCAL REG. 11/4/53 | REGISTRAR'S SIGNATURE [signature] Dmc | 24. FUNERAL DIRECTOR Charles W. Kachauskas ADDRESS 703 McHenry St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V 15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: A. A. | MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Rural Brooklyn | LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5621 Ballman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: A. A.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Brooklyn

STREET ADDRESS (If rural, give location): 5621 Ballman Ave.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday: IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.
Marie Walker	Nov 25th 1953	Female	White	Widowed	10/11/1893	60 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Balto. Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John C. Gerhold	Elizabeth Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
		Sophie Cowan 5621 Ballman Ave a. a. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
174X Immediate cause	(a) CARCINOMA of Uterus	6 mos
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 21 Oct, 1953, to 25 Nov, 1953, that I last saw the deceased alive on 25 Nov, 1953, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Bujan Rudiansky	M.D.	5004 Ritchie Hwy	27 Nov 53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	11/30/53	Balto.	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-27-53	A. W. Fredrick	Wm Cook Inc.	1217 St. Paul St.

151

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10739

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY 99
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) #2 Alden Court (N. Severn)

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) (Last) WALTERS

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 11-27-53
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 17 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Annapolis, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. Walters
14. MOTHER'S MAIDEN NAME: Anna V. Dempsey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Charles W Walters, same as #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Anoxia — Interval Between Onset And Death 11 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/27, 1953, to 11/27, 1953, that I last saw the deceased alive on 11/27, 1953, and that death occurred at 9 50 PM, from the causes and on the date stated above.

SIGNATURE Philip Price (Degree or title) M.D. ADDRESS 95 Catherine St DATE SIGNED 11/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-29-53
NAME OF CEMETERY OR CREMATORY Hillcrest Cemet.
LOCATION (City, town, or county) (State) Annapolis, Md

DATE REC'D BY LOCAL REGISTRAR Nov. 29, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B L Happing & Son ADDRESS Annapolis, Md.

20X3272332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1740)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town Bay Head
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay Head
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) J. (Middle) Everett (Last) Waring
4. DATE OF DEATH: (Month) November (Day) 15 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Feb. 4, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Richard M. Waring
14. MOTHER'S MAIDEN NAME: Victoria Arnold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Malcolm W. Waring - Same as Above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331 X
Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — Interval Between Onset And Death: 2 wks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTERIOSCLEROSIS. — Interval Between Onset And Death: Unknown
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1953, to 11-15, 1953, that I last saw the deceased alive on 11-15, 1953, and that death occurred at 5:30 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edward L. Beck M.D. 41 SOUTHGATE AVE. ANNAPOLIS 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-17-1953 NAME OF CEMETERY OR CREMATORY Asbury Cemetery LOCATION (City, town, or county) Arnold (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1953 REGISTRAR'S SIGNATURE W. A. Lynch
24. FUNERAL DIRECTOR John M. Layton & Sons ADDRESS Annapolis, Md.

REC'D
NOV
BUREAU V. S.

Dr Basil

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19741

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 48 Madison Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 48 Madison Place

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) MAY (Last) WAYSON

4. DATE OF DEATH: (Month) NOVEMBER (Day) 14 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 23, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Prince George County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lacariah Carrick
14. MOTHER'S MAIDEN NAME: Eliza Wedding

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) n- (If Yes, give war or dates of service) nO
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Miss A Evelyn Wayson Daughter same as # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0

Immediate cause (a) Cerebral Hemorrhage with

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rt. Hemiplegia — 6 months

DUE TO

(c) Arteriosclerotic Heart — Sund

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Disease — Young

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to Nov 14, 1953, that I last saw the deceased alive on Nov 14, 1953 and that death occurred at 8 A.M. from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M. D. ADDRESS Annapolis Md DATE SIGNED 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-17-53
NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland
DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1953
REGISTRAR'S SIGNATURE Wm French
24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 13 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis R.D. — LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton

STREET ADDRESS Boy 5 (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Florence	E.	Weed	Nov.	10,	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	white	Married	July 17, 1877	76 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework (ret.)	Own Home	Missouri	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Mary L. Weed, Odenton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary occlusion — 4 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic cardiovascular disease — 10 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/9, 1953, to 11/10, 1953, that I last saw the deceased alive on 11/10, 1953, and that death occurred at 8 20 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Bosmick M.D.		Annapolis Md	11/10/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 12, 1953	Epiphany Cemetery	Odenton	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/12/53.	L. J. DeAlbert	Richard V. Singleton	Glen Burnie, Md.

VS-16

1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10743

1. PLACE OF DEATH: Anne Arundel Hospital
COUNTY A.A. Co. MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md
LENGTH OF STAY (in this place) (None)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural give location) Ritchie Highway

3. NAME OF DECEASED: (Type or Print) (First) MAXWELL (Middle) KEMPER (Last) Willoughby
4. DATE OF DEATH: (Month) Nov. (Day) 29, (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: JUNE 19 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mapeseau Surgery
10b. KIND OF BUSINESS OR INDUSTRY: P.R.S.
11. BIRTHPLACE (State or foreign country): KINGSPORT TENN.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN WALLACE WILLOUGHBY
14. MOTHER'S MAIDEN NAME: ISABELE THORPE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WORLD WAR I
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: NAC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3

Immediate cause (a) Acute Dilatation of the Heart — Interval Between Onset And Death: Immediate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29/1953, to 11/29/1953, that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Albert R. Anderson (Degree or title) MD ADDRESS Annapolis, Md DATE SIGNED 11/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 2-53 NAME OF CEMETERY OR CREMATORY New Belle National LOCATION (City, town, or county) (State) Fredericks Rd Balto Md

DATE REC'D BY LOCAL REGISTRAR December 1 1953 REGISTRAR'S SIGNATURE L J D'Alba
24. FUNERAL DIRECTOR Bernard A Fink ADDRESS Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
DEC 3 1937
BUREAU V. S.

Item 18 Film G160 12-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10743

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN 245 S. Curtis Cr. Rd. Balt. 26. Md.
LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 245 S. Curtis Cr. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balt.
CITY OR TOWN Phoenix 03X-2
STREET ADDRESS Rural (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry Harrison (Last) Wilson

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 25 1889

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: House Construction

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Rufus Wilson

14. MOTHER'S MAIDEN NAME: Mollie C. Hubeck

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Katherine Wilson Crockett

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9 Immediate cause (a) Inanition, severe — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Malignant neoplasm with metastases — undetermined

DUE TO (c) Primary site undetermined

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 1952

19b. MAJOR FINDINGS OF OPERATION: Malignant neoplasm

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) None (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURED While at Work ☒ Not While At Work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that ~~I attended the deceased from ..... to ....., that I last saw the deceased alive on ....., and that~~ death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard Shumb M.D. ADDRESS Jacobsville Md. DATE SIGNED Nov. 28, 1953,

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/2/53 NAME OF CEMETERY OR CREMATORY Ivy Hill LOCATION (City, town, or county) (State) Laurel, Md.

DATE REC'D BY LOCAL REGISTRAR 12/1/53 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Paul E. Chenowith Jr. ADDRESS 365-17 Chestnut Ave

VS. A15

William Cook